| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | *ru* | | 04-24-01 |
| O.I.P.E. CLASSIFIER | | 215/15/01 | |
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## INDEX OF CLAIMS

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| = ................................ Allowed | I ................................ Interference |
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If more than 150 claims or 10 actions
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